## STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

> FAX: 287-6775 Website: www.maine.gov/ethics

## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	Margaret R Rotundo	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: CITY:	Lewiston ME	Member of the Senate, District_/
ZIP CODE:	04240	
PHONE NUMBER:	207 784 3257	Member of the House, District

## GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

## 5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

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- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

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Disclosure statements are made available to members of the public upon request.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

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Name of Employer		Address	Activity of Employer
Bates Colle	9 <i>e</i>	Lewiston	Educatio
Ctate DN	Laine	Agusta	
	<u>_</u>		-latera subs one salt amployed
Tukan tha marra and ade	dress of your busit with a partnership	LF-EMPLOYMENT. (For Leginess, if any, and list the major area, firm, professional association, or	as of economic activity from which you deri similar business entity, list the major areas
Name and Address of Business Entity		s of Economic Activity (self)	Major Areas of Economic Activity  (partnership, association or similar business entit
None			
		• •	<u></u>
\$1,000, whichever is g	reater, and specify If this form of dis	y the principal type of economic a closure is prohibited by law, rule,	ts more than 10% of your gross income or activity of the entity or person from whom your an established code of professional ethic
\$1,000, whichever is g	reater, and specify If this form of dis	y the principal type of economic a closure is prohibited by law, rule,	or an established code of professional ethic from whom the income was derived.  Principal Type of Economic Activity
\$1,000, whichever is g	reater, and specify If this form of dis	y the principal type of economic a closure is prohibited by law, rule,	or an established code of professional ethic from whom the income was derived.
\$1,000, whichever is g derived such income. specify only the princi	reater, and specify If this form of dis	y the principal type of economic a closure is prohibited by law, rule, mic activity of the entity or person	or an established code of professional ethic from whom the income was derived.  Principal Type of Economic Activity of Entity or Person Who Is the
\$1,000, whichever is g derived such income. specify only the princi	reater, and specify If this form of dis	y the principal type of economic a closure is prohibited by law, rule, mic activity of the entity or person	or an established code of professional ethic from whom the income was derived.  Principal Type of Economic Activity of Entity or Person Who Is the
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of income
see all	ached sheet	
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ART V. DISCLOSURE OF REP,000 or more that you received during tlist loans from a relative. If none, s	ORTABLE LIABILITIES. List the nange of the reporting period, and list the major are o state.	nes of creditors for any unsecured loans as of economic activity of each creditor. I
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
None		
	·	
gregate value of more than \$300 from	3 4	
	4	
ART VII. DISCLOSURE OF HO	ONORARIA. List the source of any hon so state.	oraria accepted for appearances or speech
	3	
	4	
ART VIII. REPRESENTATION on represented or assisted others for a	BEFORE STATE AGENCIES. Identify compensation of any amount. If none, so sta	cach executive branch agency before who
Mone-	3 4	
, - 0	4	

Margaret R Rothindo Other somes of Dreams Haut IV Capital Gins DWS Global Fried DWS Grown + Drome Frind DWS International Find DWS Large Cap Value Frind DWS Core Plus Income Fund A-T-1 Allied Capital Corp Pepco Holdings Equity Income Fund FDU#, UIL Holdings Corps Putnam TE Dreame Find Teva Pharmecautical Federal National My. Assn. Analog Devisi Alberto Culver

. None			,000 during the reporting period. If none, so state.
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child(ren) during the report	ctivity representing each sour ing period and the kind of in and ( <b>D</b> ) beside sources of in	come représented	\$1,000 or more received by your spouse or dependent. Do not include gifts. Indicate (S) beside sources of dependent(s).
Type of Economic Act Representing Each Sou Income Received	rce of		Kind of Income
1. Iducation a	1 Service -	teoche-	- sponse - engloyment
2. Royaltes	- scholary	with	- Spons
3. Recearch	In NGO concer	ned with	religion + diplomary - son.
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appears that a Legisla Attorney General. If statement or has willfi interest on every ques branch of the Legislat who willfully fails to f	tor has willfully filed a the Commission determ ully filed a false stateme tion and shall be preclu ture, and shall not attem	false statementines that a Legent, the Legisla ded from voting to influence tis subject to a	crime. If the Commission concludes that it t, it shall refer its findings of fact to the gislator has willfully failed to file a required tor shall be presumed to have a conflict of ag on any question in committee or in either the outcome of any question. A Legislator civil penalty not to exceed \$1,000, payable to 19)
111/10	Signature		John 1200 7